

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	x					
4	x					
5	x					
6	x					
7	x					
8	x					
9	x					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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